Employer: \_

27

28

1	If the answer is "no," state the date of last employment and the amount of the gross and net				
2	salary and wages per month which you received. (If you are imprisoned, specify the last				
3	place of employment prior to imprisonment.)				
4	- American Automotive Association (AAA)				
5	Auto Guardian Soakland				
6	Emergency Road Side Assistance				
7	2. Have you received, within the past twelve (12) months, any money from any of the				
8	following sources:				
9	a. Busin	ness, Profession or	Yes	_ No <u>_X</u>	
10	self e	mployment		•	
11	b. Incom	ne from stocks, bonds,	Yes	No X	
12	or roy	valties?			
13	c. Rent	payments?	Yes	. No <u>×</u>	
14	d. Pensi	ons, annuities, or	Yes	No ×	
15	life in	surance payments?			
16	e. Feder	al or State welfare payments,	Yes	No X	
17	Social	Security or other govern-			
18	ment	source?		. *	
19	If the answer is "yes" to any of the above, describe each source of money and state the amoun				
20	received from each.				
21					
22				<del>,</del>	
23	3. Are you married? Yes No			No	
24	Spouse's Full Name: Sevan Atias				
25	Spouse's Place of Employment: Applebees Restarant				
26	Spouse's Monthly Salary, Wages or Income:				
27	Gross \$ Maternity kave Net \$ Minaway wage				
28	4. a. List amount you contribute to your spouse's support:\$				

1	b. List the persons other than your spouse who are dependent upon you for			
2	support and indicate how much you contribute toward their support. (NOTE:			
3	For minor children, list only their initials and ages. DO NOT INCLUDE			
4				
. 5	New born Due Date August 2151			
6				
7	5. Do you own or are you buying a home? Yes No			
8	Estimated Market Value: \$ Amount of Mortgage: \$			
9	6. Do you own an automobile? Yes <u>≻</u> No			
10	Make Toyota Year 95 Model Camry			
Is it financed? Yes No If so, Total due: \$				
12	Monthly Payment: \$			
13				
. 14	Name(s) and address(es) of bank:			
15				
16	Present balance(s): \$			
Do you own any cash? Yes No _ Amount: \$				
			19	market value.) Yes No <u>X</u>
20				
8. What are your monthly expenses?				
22 Rent: \$ Utilities:				
23	23 Food: \$ Clothing: So			
24	Charge Accounts:			
25	Name of Account Monthly Payment Total Owed on This Acct.			
26	American Express \$ 1 60,00 \$ 7 2,200.			
27	American Express \$ 50.00 \$ \$3000.			
28	\$\$			
PRIS. APP. TO PRO	C. IN FORMA PAUPERIS - 3 -			

Document 3

## ALAMEDA COUNTY SHERIFF'S DEPARTMENT SANTA RITA JAIL INNATE GRIEVANCE FORM

INNATE GRIEVANCE FORM	という生たのその子
HOUSING UNIT: 9-B-14 Ad-5eg	PFN: AYC-452  DATE: 8/3/08
NATURE OF GRIEVANCE: (Give specific details) What	reclassified to ad
on 7-25-08 I was placed i	the Bld #3
din- Con to Superior Court	on the Leaving
whore escorted inmates from B.	Rtothe housing
units As directed by the Blo	#3 HOUSING
techniciano this was approxim	retelly 7:00 pm.
At or around ligour I was to	old by Deputy
Martine That I was moun	to Black 9
tion. After Speaking to two	11600000
They had no reason as + w	A. I was heiner
re-dassified uson Arrival	to blob # 9
ad-Ser Departy Struttand as	steeling way
I was brought to and-Sen. He	Enchner Stuty
That he had so bed cult to	ME. once inside
My SSing Contrem books pen	piltures, dictiona
that I brought, and heart Februares	G. I was till
by Book Martidez wire to Vi	ic Muc that I
Tout to have a got transco, that	if I gave him co
hell hand it tout buck. Also	he justice total
thing Such as Strang thing has	A Carlot of the State of Succession
well string it strange that I he	art ger rolling
The state of the s	1-Cks
*** DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOT SIGNATURE:	THER FORM, WRITE PAGE 2
*** DO NOT WRITE BELOW THIS LINE - ADMIN	USE ONLY ***
RECEIVED BY DEPUTY: S. UNUZUN BADGE #: /	914 DATE: 086408
	E RESOLVED AT THIS LEVEL
FORWARDED TO SGT. QUILLIA TRACKING	NUMBER: 026-5/2(a)

ML-51 (rev 5 /94)

Copies: White - Staff Use Yellow - Inmate Receipt Copy